

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	1	1				
3		2				
4		1				
5		1				
6		2				
7		4				
8		4				
9		2				
10		5				
11		2				
12		2				
13		2				
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19		2				
20		2				
21		2				
22		1				
23		2				
24		2				
25		2				
26		2				
27	1					
28		1				
29		2				
30		1				
31		1				
32		2				
33		3				
34		3				
35		1				
36		2				
37		2				
38		2				
39		2				
40		2				
41		2				
42		2				
43		2				
44		2				
45		1				
46		2				
47		2				
48		2				
49		2				
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

  

51		1				
52		1				
53		1				
54		1				
55		1				
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93		1				
94		1				
95		1				
96		1				
97		1				
98		1				
99		1				
100		1				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

9  
33  
4  
91  
46  
137

38